***Erasmus+ Staff Mobility for Training***

**Letter of Confirmation**

It is hereby approved that

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

name surname

has completed training mobility activities at

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

institution

between the following dates

\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_ and \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_ day / month / year day / month / year

 …………………………… …………………..……………………

 /Date/ /Signature & *Stamp (if applicable)/*

Name of signatory: ………………………………………………………

Function: ………………………………………………………………….